

INPUT INTO MALTA OR MAIL TO DEPARTMENT SECRETARY BY JUNE 15th

2026-2027 Installation Report for Auxiliaries/Districts (long form)

The following information about the Auxiliary's meetings is required:

Date of Installation: _____ Continuous Annual Dues Per Member: \$ _____

Meeting Date: 1st 2nd 3rd 4th Last (select Date)

Meeting Day: Mon. Tues. Wed. Thurs. Fri. Sat. Sun. (select Day)

Meeting Time: _____ A.M. P.M. (select A.M. or P.M.)

Meeting Place: _____

Meeting Street Address: _____ Meeting City: _____ Meeting State and ZIP: _____

Phone No. of Meeting Place: (_____) _____ Please note offices/positions denoted with an asterisk (*) listed below are REQUIRED.

President*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Senior-Vice President*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Junior-Vice President*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

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Secretary*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Treasurer*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Trustee No. 3*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Trustee No. 2*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Trustee No. 1*	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

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Chaplain	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Conductor	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Guard	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Patriotic Instructor	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Historian	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Color Bearer #1	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

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Color Bearer #2	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Color Bearer #3	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Color Bearer #4	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Flag Bearer	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Banner Bearer	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Musician	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

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Soloist	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Assistant Guard	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Assistant Conductor	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Assistant Musician	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Assistant Soloist	Member ID No.	Auxiliary No.	First Name	Last Name	Email Address

Mailing Address	City	State	Zip Code	Primary Phone Number (Home/Cell/Work)
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Signature of Installing Officer

Title of Installing Officer

Date